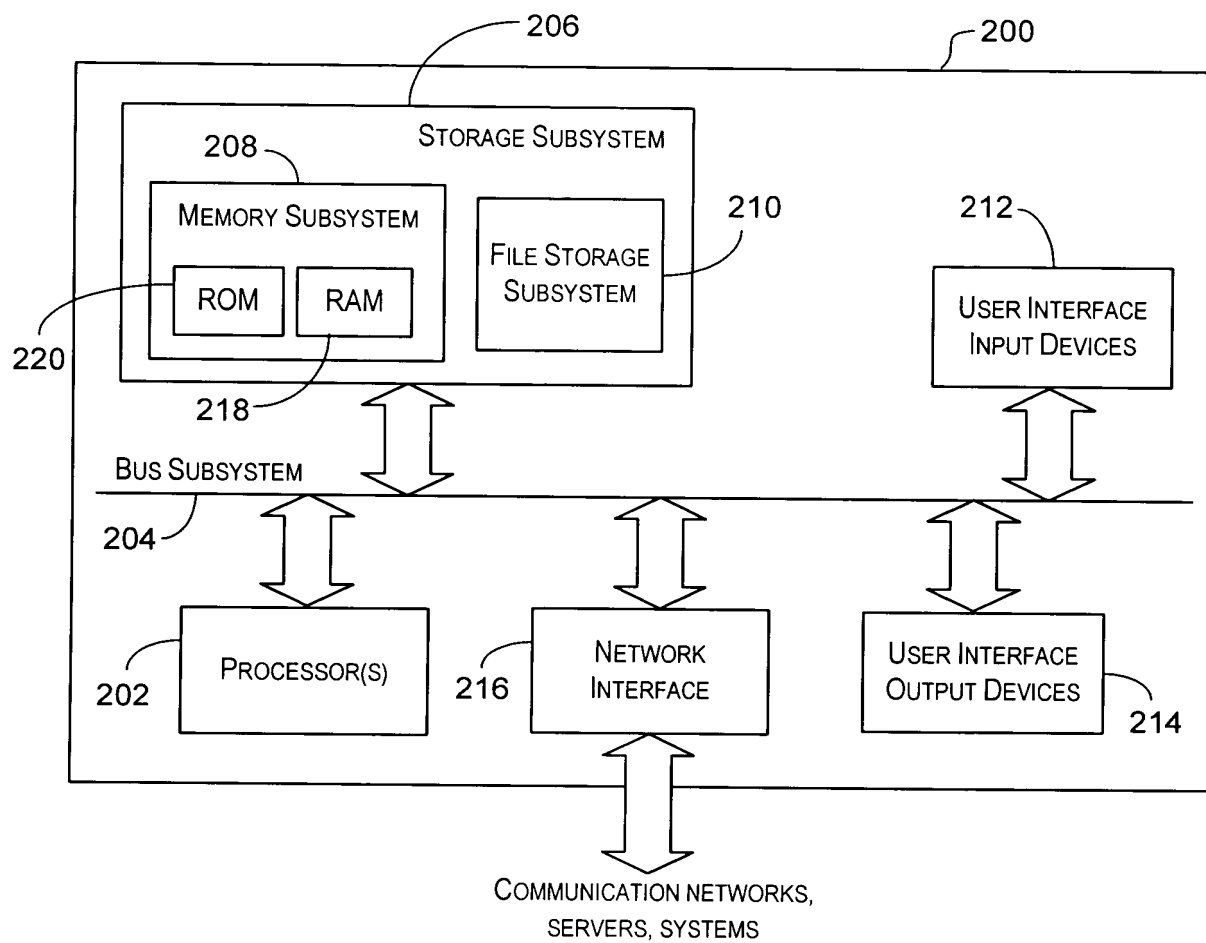
**FIG. 1**

**FIG. 2**

300

MSDHTML: DHS1100v3bFA - Microsoft Internet Explorer

File Edit View Favorites Tools Help

State of Hawaii
Department of Human Services

Medical Assistance Application

Med-QUEST Division 302

Step 1 of 2. Please tell us who you are and where you live.

306

Last Name First Name Middle

Kapricorn Thomas J

Address (Where you live) Apartment Number

3093 Ala Pono Place 1755

City State Zip Code

Honolulu HI 96888 304

Mailing Address (if it is different from where you live)

Telephone Number

Email Address

Previous Next Step Exit 308

FIG. 3

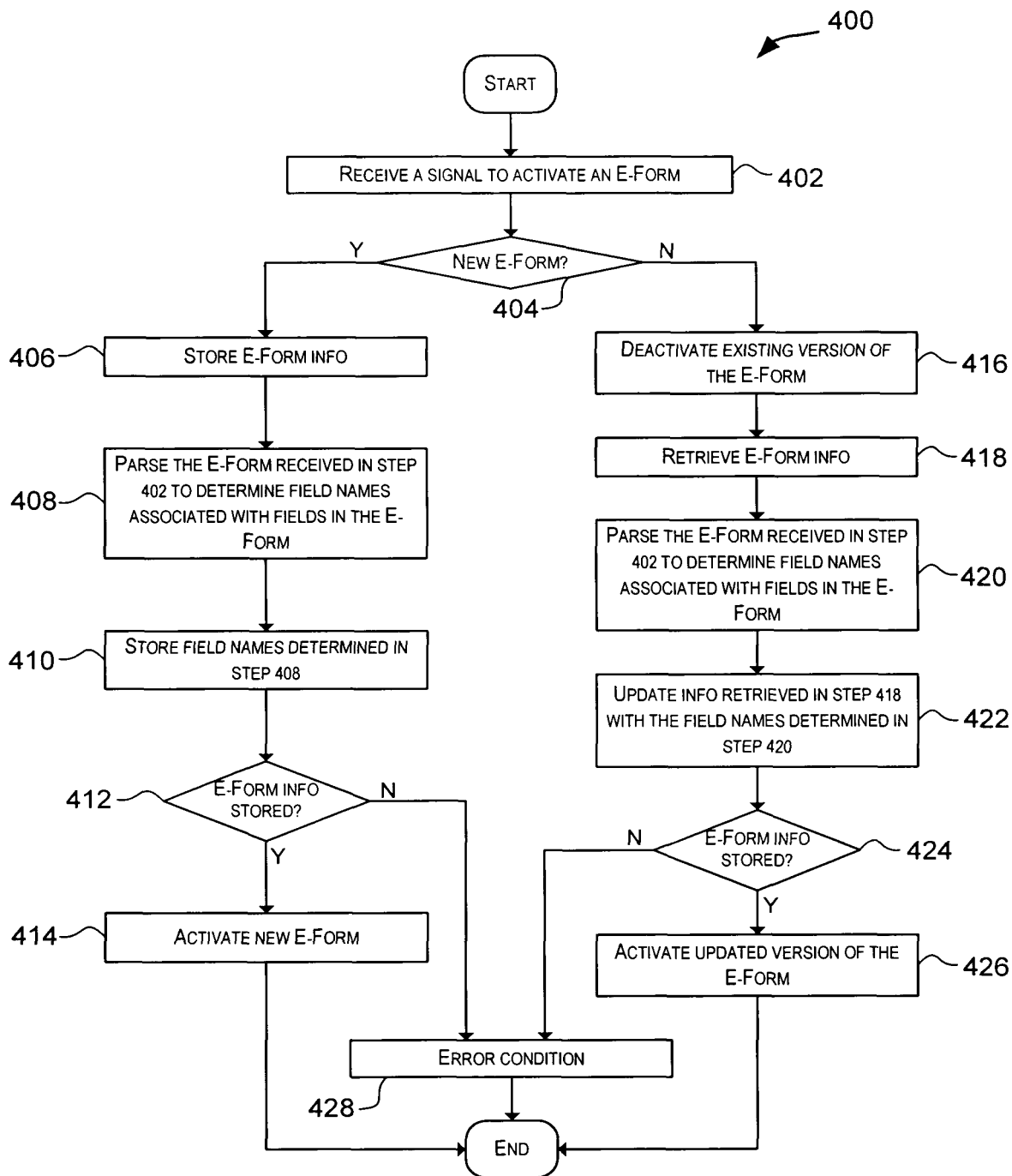
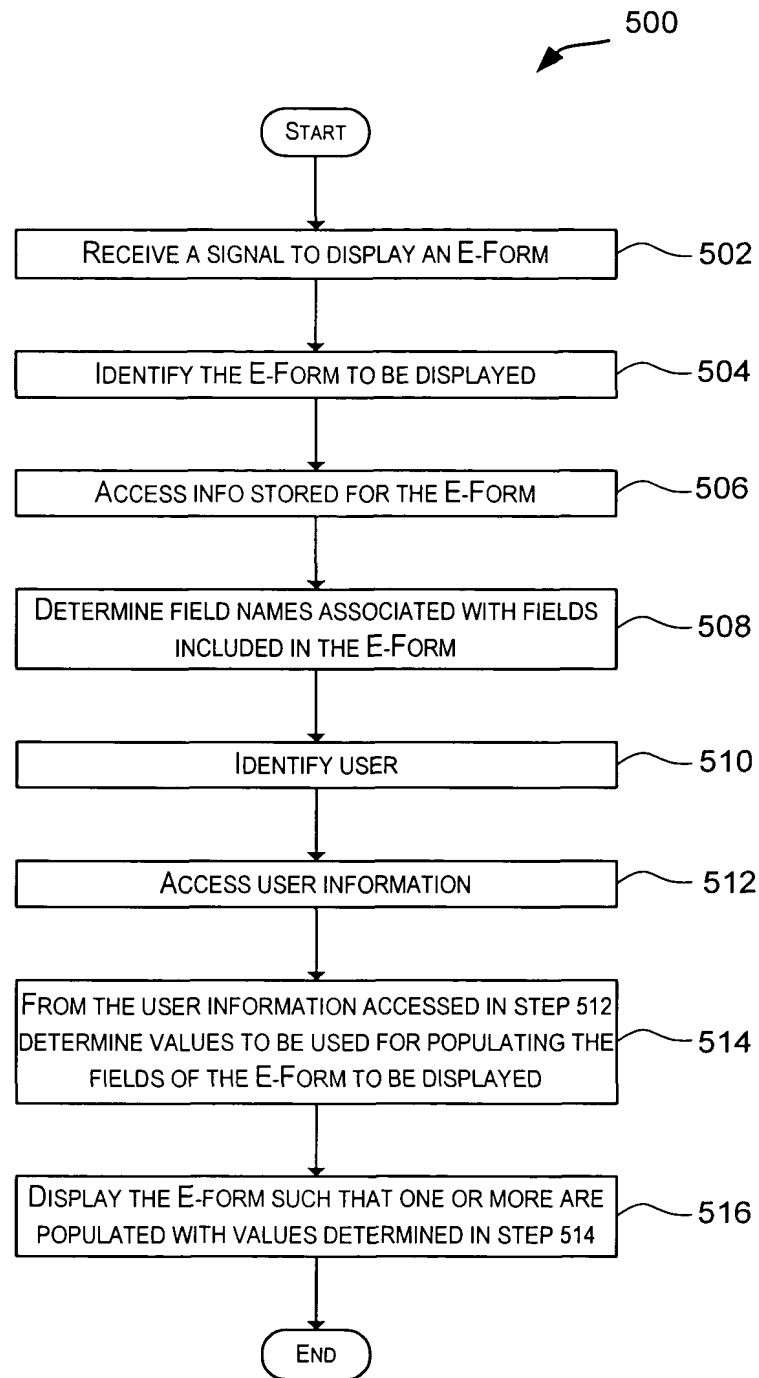
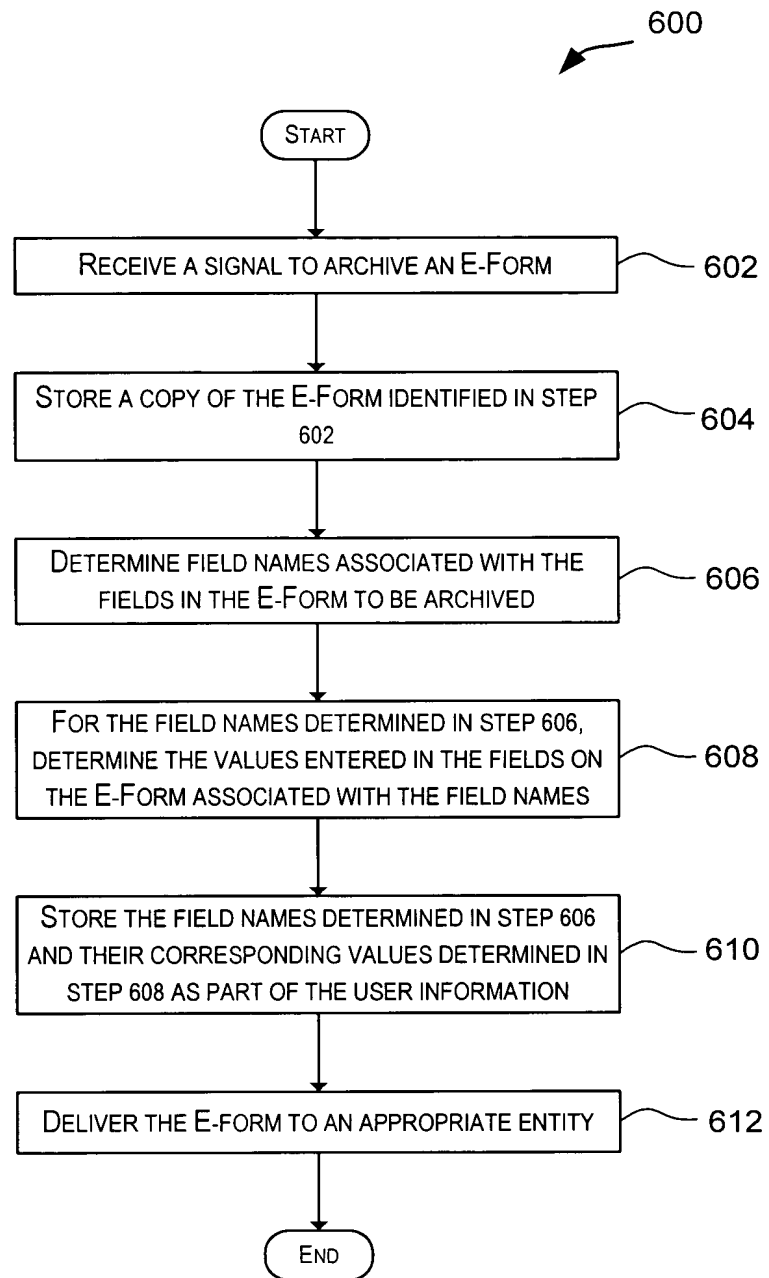


FIG. 4

**FIG. 5**

**FIG. 6**

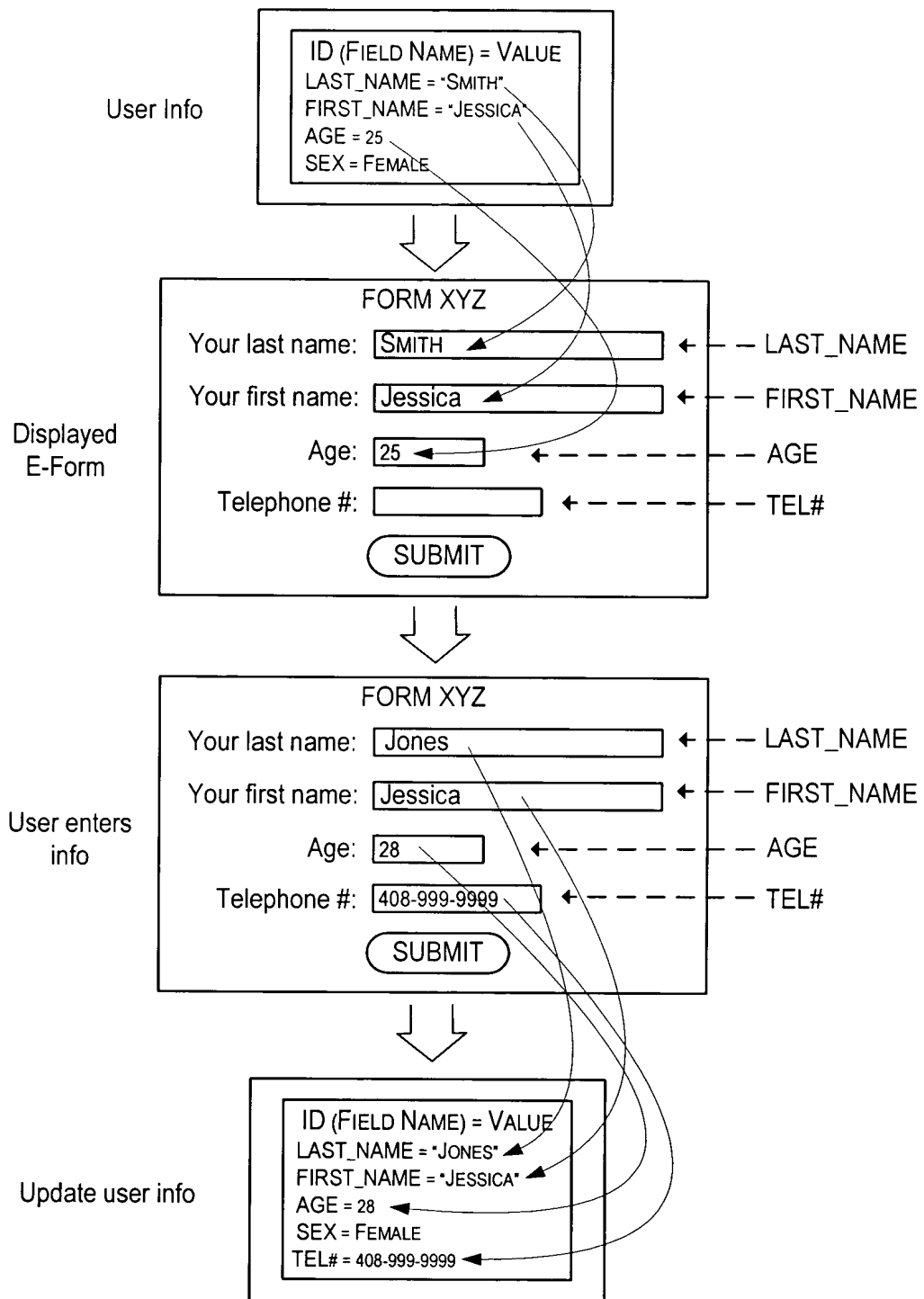


FIG. 7

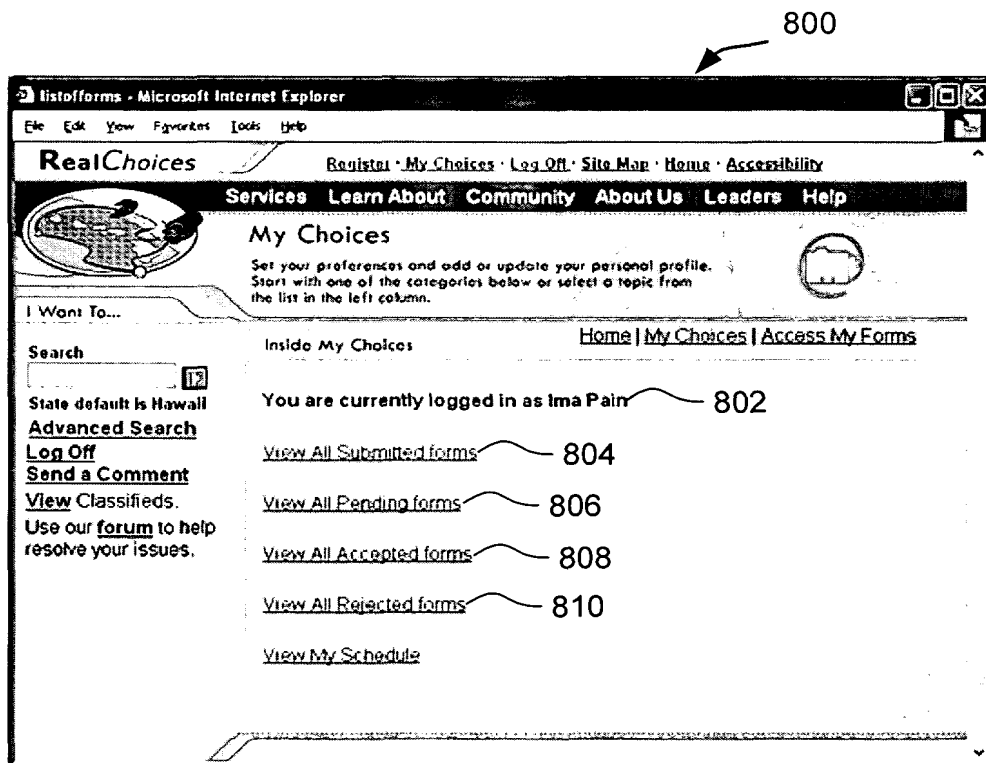


FIG. 8

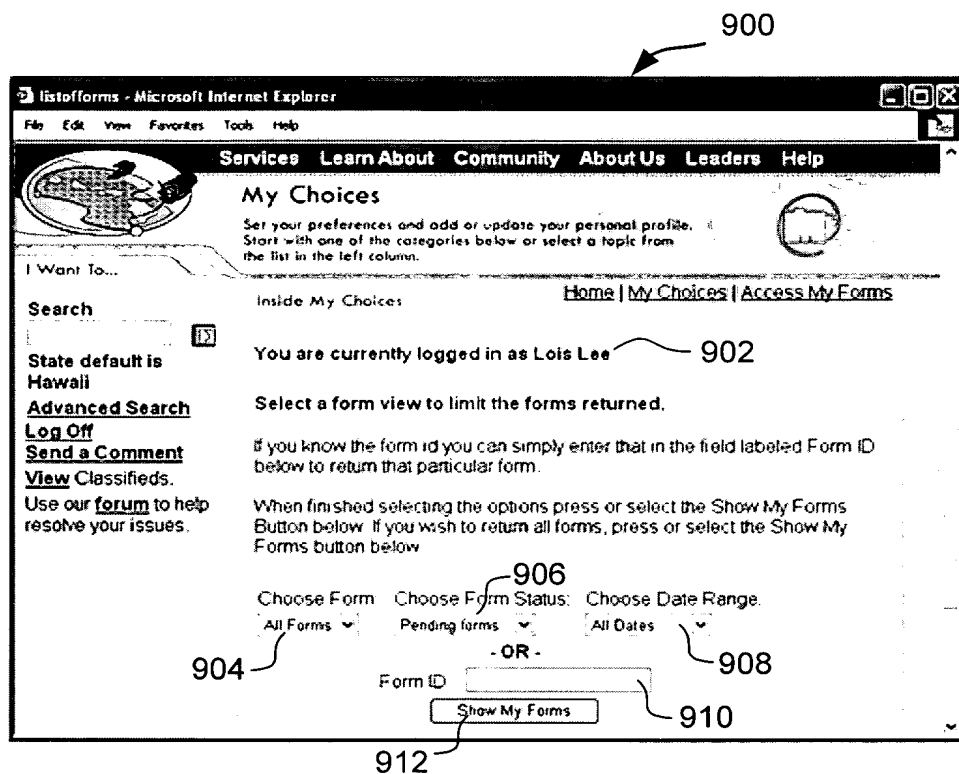


FIG. 9

10/13

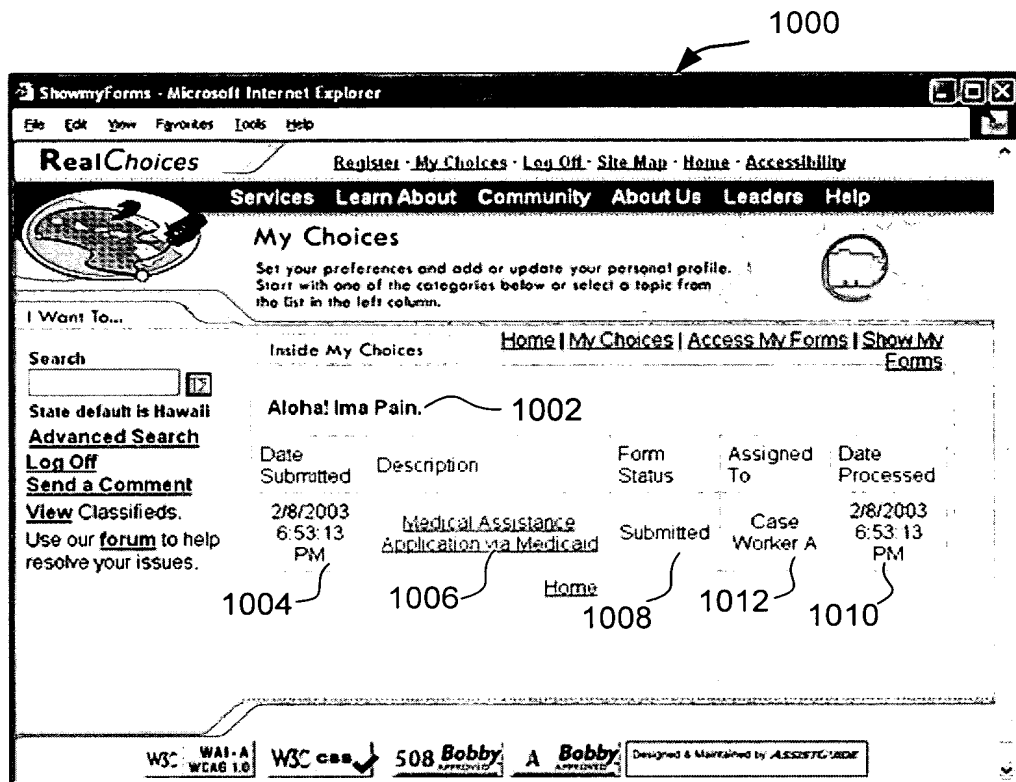


FIG. 10

1100

ShowmyForms
File Edit View Favorites Tools Help

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[Services](#) [Learn About](#) [Community](#) [About Us](#) [Leaders](#) [Help](#)

My Choices
Set your preferences and add or update your personal profile. Start with one of the categories below or select a topic from the list in the left column.

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[Send a Comment](#)
[View Classifieds](#)
Use our [forum](#) to help resolve your issues.

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You are currently logged in as Lois Lee

Too many forms? Try narrowing results by using [form viewing options](#).

13 Forms Returned (Page 1 of 4) Forms per page: 4 Go to page 1

Previous Page Next Page

Form ID	Date Submitted	Form Name	Date Processed
24	2/8/2003 12:00:00 AM	Financial Assistance Application via Medicaid	
29	2/8/2003 12:00:00 AM	Foodstamps Application via Medicaid	
32	2/8/2003 12:00:00 AM	Medical Assistance Application via Medicaid	
33	2/8/2003 12:00:00 AM	Medical Assistance Application via Medicaid	

FIG. 11

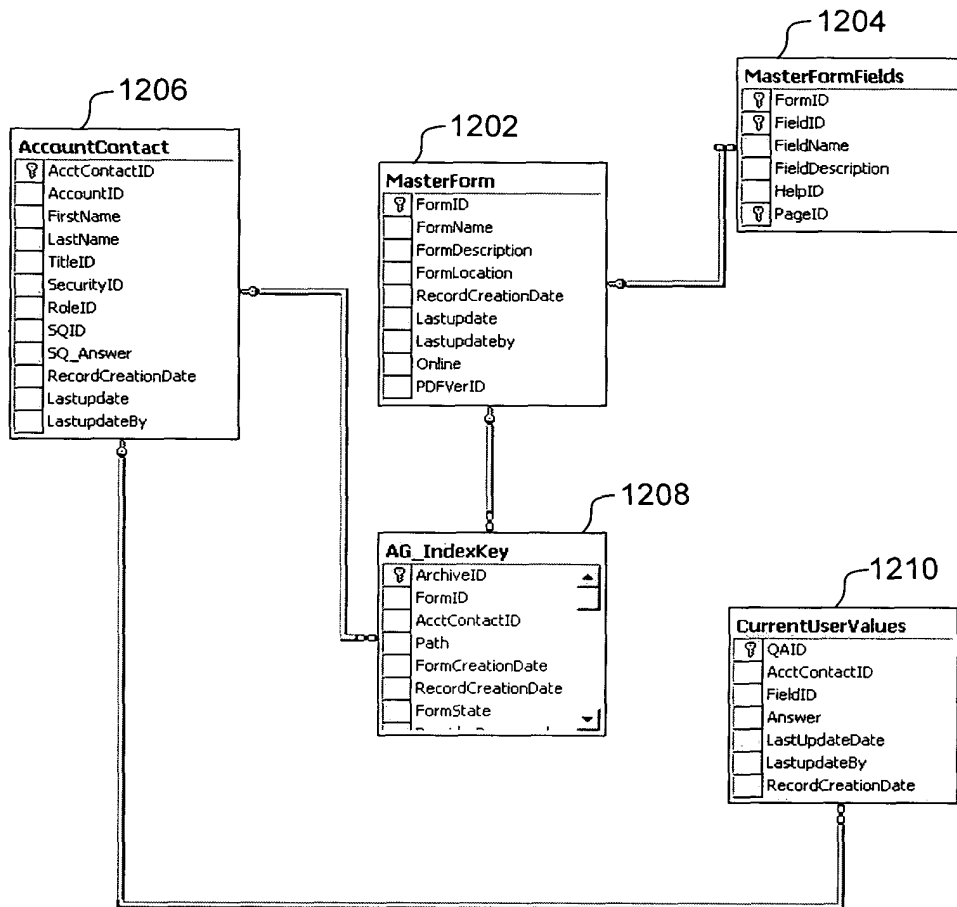


FIG. 12A

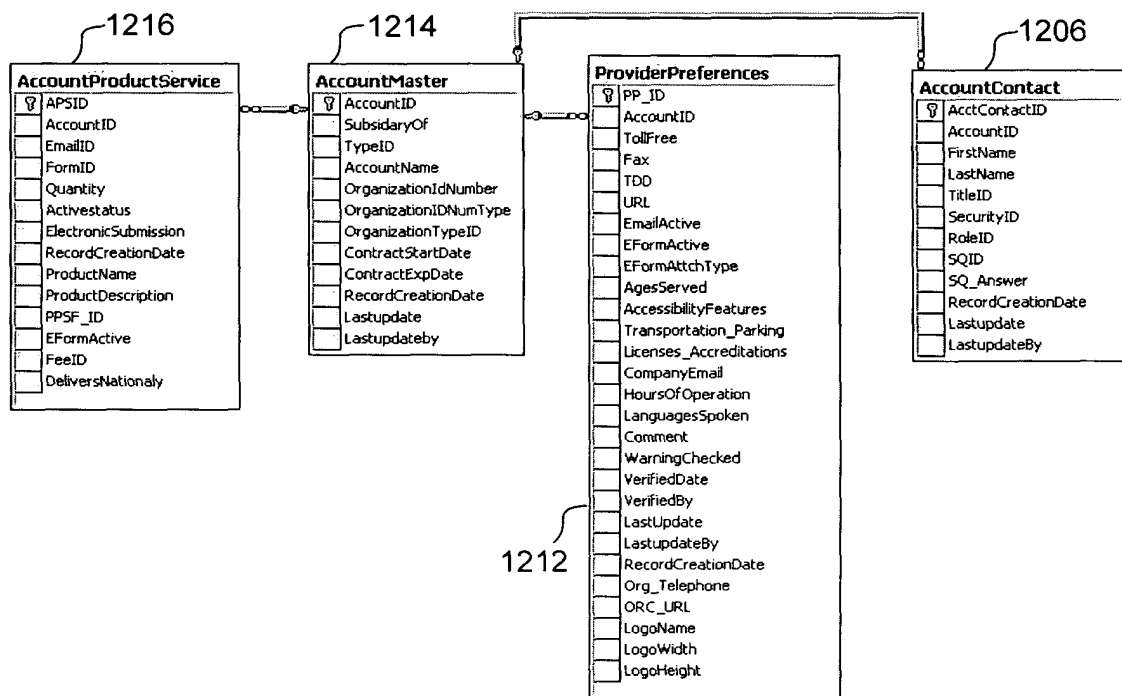


FIG. 12B